



CITY OF

BROKEN ARROW*Where opportunity lives*

City of Broken Arrow
PO Box 610 Broken Arrow, OK 74013
Office 918.259.8409 Fax 918.259.8215

Account Number _____

Please complete the form and return to our office.
Thank You,

Application for Streetlight, Stormwater, Sewer, and Trash Service

SERVICE ADDRESS: _____ Ave Blvd Cir Ct Ln Pl St Dr

HAVE YOU HAD PREVIOUS UTILITY SERVICE WITH THE CITY? _____ NAME ON THE ACCOUNT _____

PREVIOUS ADDRESS _____

NAME FOR NEW ACCOUNT: LAST _____ FIRST _____

MAILING ADDRESS IF DIFFERENT THAN SERVICE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE # _____ DL STATE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

PLACE OF EMPLOYMENT _____ EMPLOYER PHONE NUMBER _____

SERVICE START DATE _____

SERVICE ACTIVATED BY: PERSON COMING IN _____ BY PHONE _____ E-MAIL _____

ADDITIONAL PERSON AUTHORIZED TO ACCOUNT: _____

(Authorized to access or change account information and initiate changes to utility service.)

I attest by my signature below that the above personal information contained in the application submitted to the City of Broken Arrow is true and correct and my signature confirms my identity as the person stated on this application.

SIGNATURE: _____ DATE: _____

(Must be signed by primary accountholder)

PRESENTING FALSE IDENTIFICATION OR ASSUMING A FALSE IDENTITY FOR THE PUPOSE OF OBTAINING CITY SERVICES WILL BE PROSECUTED.

FOR CITY USE ONLY:

Identification Checked by: _____ DL _____ SSN _____

ADVISED CUSTOMER OF CREDIT INQUIRY: PERMISSION GRANTED _____ PERMISSION DENIED: _____

SATISFACTORY EVALUTAION _____ UNSATISFACTORY EVALUATION _____ DEPOSIT:\$ _____ WAIVED: _____

If unsatisfactory, customer was provided with Adverse Notice Letter please indicate which method:

IN PERSON _____ PHONE IN _____ MAILED _____ FAXED: _____ E-MAILED: _____

ENTERED NEW ACCOUNT: _____ DATE: _____